

**INCOME ELIGIBILITY GUIDELINES FOR REDUCED-PRICE MEALS
EFFECTIVE JULY 1, 2007, THROUGH JUNE 30, 2008**

(Use for attaching to parent/guardian letters.)

Parent, Guardian, Family Member: If your total household income is within the limits listed below, the person you are applying for may be eligible for either free or reduced-price meals.

MONTHLY INCOME

Household Size	Reduced Rate Reimbursement
1	\$1,107.01 - \$1,575.00
2	\$1,484.01 - \$2,111.00
3	\$1,861.01 - \$2,648.00
4	\$2,238.01 - \$3,184.00
5	\$2,615.01 - \$3,721.00
6	\$2,992.01 - \$4,257.00
7	\$3,369.01 - \$4,794.00
8	\$3,746.01 - \$5,330.00
For Each Additional Person, Add	+\$537.00